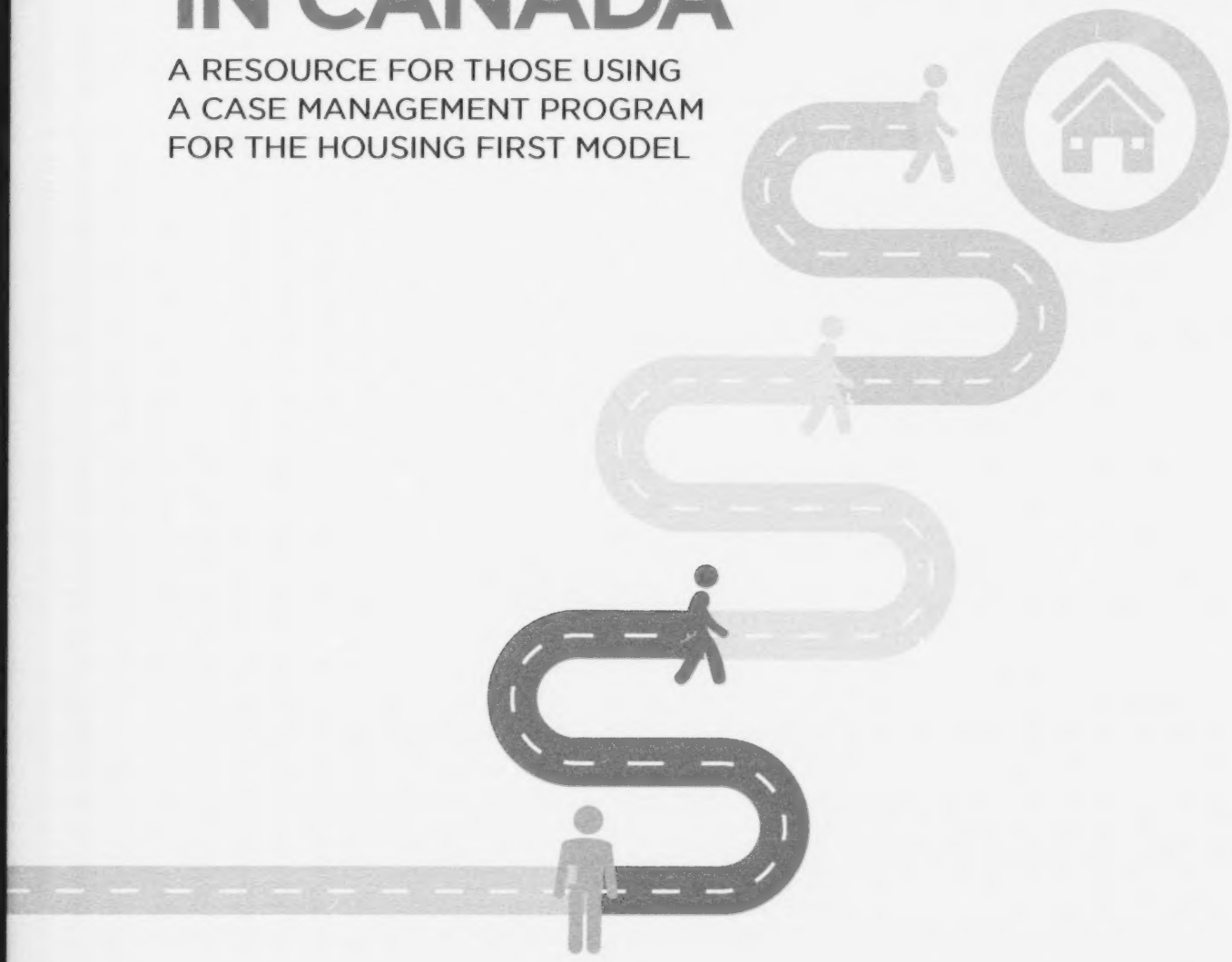
TOOLKIT FOR INTENSIVE CASE MANAGEMENT IN CANADA

A RESOURCE FOR THOSE USING A CASE MANAGEMENT PROGRAM FOR THE HOUSING FIRST MODEL



Employment and Social Development Canada
Emploi et Développement social Canada

Canada

This publication is available for download at canada.ca/publicentre-ESDC . It is also available upon request in multiple formats (large print, Braille, MP3, audio CD, e-text CD, DAISY, or Accessible PDF), by contacting 1 800 O-Canada (1-800-622-6232). By teletypewriter (TTY), call 1-800-926-9105.

© Her Majesty the Queen in Right of Canada, 2018

For information regarding reproduction rights: droitdauteur.copyright@HRSDC-RHDCC.gc.ca.

PDF

Cat. No.: Em12-44/2018E-PDF

ISBN/ISSN: 978-0-660-26462-2

ESDC

Cat. No. : SSD-205-05-18E

ACKNOWLEDGEMENTS

The development of this toolkit has been a collaborative effort. We would like to begin by acknowledging the tremendous work done by Sue Fortune and Karen Poffenroth from The Alex Community Health Centre in Calgary.

Sue Fortune holds an MSc from the University of Idaho. She has experience working with many vulnerable populations and, following a distinguished career with Hull Child and Family Services, transitioned to the homeless sector.

Karen Poffenroth holds a BSW from the University of Calgary, and is certified in Hoarding and Clutter Intervention. Karen has presented across Canada and internationally on issues pertaining to Housing First and Mental Health, including presentations to the Government of Canada Homeless Partnership Strategy and the International Housing First Partners Conference.

We would like to also thank **Nathalie Burlone**, Associate Professor at the School of Political Studies from the University of Ottawa, who shared her knowledge on Intensive Case Management as well as best practices in Housing First programs and regional programs throughout Canada.

Special thanks to everyone who contributed their time and knowledge to this toolkit, including:

Wally Czech, Director of training, Training & Technical Assistance, Canadian Alliance to End Homelessness;

Quinn Moerick, Trainer for the Training & Technical Assistance, Canadian Alliance to End Homelessness, and Program Coordinator for the Housing First program in Edmonton;

Dr. Tim Aubry, Professor and Holder of the Faculty of Social Sciences Research Chair in Community Mental Health and Homelessness at the University of Ottawa; and,

Dr. Jennifer Rae, a recent PhD graduate in the School of Psychology and Researcher at the Centre for Research on Education and Community Services at the University of Ottawa.

Dr.'s Rae & Aubry have recently authored *The Engaging Landlords in Housing First Programs: A Guide to Working with Landlords in Housing First Programs.*

HOW THIS TOOLKIT WAS DEVELOPED

During the last Homelessness Partnering Strategy (HPS) renewal, Intensive Case Management was identified as a cornerstone of the Housing First approach. In its efforts to introduce Housing First to communities across the country, Employment and Social Development Canada worked collaboratively with The Alex Community Health Centre and developed workshops and webinars based on their ICM Toolkit: A Guide to Creating and Sustaining an Intensive Case Management Program Utilizing the Housing First Model, written by Sue Fortune and Karen Poffenroth.

Following these events, communities expressed an interest in learning more, and in having a similar ICM toolkit to support their implementation efforts. In this context, The Alex's ICM toolkit was adapted for a national audience.

WHO THIS TOOLKIT IS FOR

The Intensive Case Management Toolkit was developed to assist communities, particularly communities funded under the HPS, in their implementation and maintenance of ICM programs that house vulnerable people using the Housing First model. This toolkit is reflective of Canadian practices and unique needs and is based on the strengths of Canadian housing and homelessness programs.

This toolkit focuses on the **important principles** and the **different steps** of **ICM implementation**, in which case workers, working alone or in teams, link individual clients to mainstream housing, clinical and complementary supports. It also provides case managers with resources and tools for them to choose from and adapt to their own practice.

TABLE OF CONTENT

Acknowledgements iii

How this Toolkit was Developed iv

Who this Toolkit is For iv

Introduction 2

Intensive Case Management In Housing First 4

Intake And Triage Into Intensive Case Management In Housing First 5

Important Principles Of Intensive Case Management In Housing First 7

Implementing Intensive Case Management In Housing First 17

Assessing 17

Managing 20

Staffing 28

Housing 32

Ending Homelessness 36

Conclusion 38

References 39

Annex A | List of Assessment Tools 41

Annex B | List of Job Descriptions 43

INTRODUCTION

Case management for ending homelessness is a "collaborative, community-based intervention that places the person at the centre of a holistic model of support necessary to secure housing and provide supports to sustain it while building independence.[1]" Case managers are the cornerstone to support clients in obtaining and maintaining stable housing. They are required to balance "service provision and systems navigation with shortterm and longterm strategies to break the cycle of homelessness.[2]"

In that sense, case managers are called upon to play a diversity of roles in supporting their clients.

A Navigator | An Advocate | A Coordinator | A Collaborator | A Communicator

Concretely, in the context of Housing First, the case managers should build a caring, trusting relationship with the client and conduct regular home visits. This is paramount to the success of the intervention. The case manager should also be helping the client with tasks such as budgeting, cleaning, cooking, and managing medication and working with the client to realize their self-identified personal goals. In addition, the case managers could be required to:

- developing a crisis plan
- advocating for the client
- connecting the client with social and community resources
- coordinating the client's access to outside services and resources
- accompanying the client to appointments

1 Calgary Homeless Foundation, 2011, p. 137
2 Ibid., p. 138.

INTENSIVE CASE MANAGEMENT IN HOUSING FIRST

Intensive case management in the context of a Housing First program can be **different** to traditional case management. It is designed to serve higher acuity clients who have more complex needs. These can include a serious mental health concern, a disabling physical condition, a chronic substance use disorder and financial and housing cost barriers. For these reasons, it is highly recommended to maintain a smaller caseload. The **client ratios for case managers in the context of Housing First programs should not exceed 1:15**, compared to the traditional 1:20 for traditional case management. In addition, more time should be dedicated to clients with an average of 2.5 hours per client per week to ensure that the case manager is more available to the client. The case manager should use an assertive approach that is responsive to clients' changing needs, including frequent visits (e.g. weekly) that should take place mainly in the community but also in the client's home. The objective being to create a one-on-one relationship between the client and the intensive case manager that is focused on recovery. The interventions are client-driven and focused on the client's self-identified goals.

Intensive case management in Housing First programs should employ a range of specialized staff:

- support staff (e.g. substance use, employment, mental health justice, life skills specialists);
- lived experience specialists (paid the same as other specialized staff) who have personal experience pertaining to substance use, justice system involvement, mental illness, physical disability or surviving traumas; and,
- volunteers, which are a cost-effective way to enhance program services, who support the program by helping with client groups, supporting special events, gathering donations and performing a range of other functions essential to your organization and/or program.

THE ALEX HOUSING FIRST MEDICAL CLINIC

The Alex Community Health Centre in Calgary, Alberta, began supporting vulnerable and marginalized community members in 1972. In 2007, The Alex became part of Calgary's 10 Year Plan to End Homelessness, and by 2010 The Alex was operating three Housing First Programs serving over 400 clients. In 2015, The Alex expanded the Pathways Medical Clinic, providing health and psychiatric care, including home visits, to all clients of The Alex receiving Housing First intensive case management supports in placebased and scattered-site programs. The Alex is currently working to expand the clinic and provide services to Housing First clients across Calgary.

ELDER OUTREACH

Na-Me-Res in Toronto, Ontario, provides a range of services, from shelter to outreach to housing, including Indigenous cultural programs and activities which allow both Indigenous and non-Indigenous clients to connect with Indigenous cultural practices and ceremonies. The Elder Outreach Program uses volunteers who are Elders and holds cultural events such as an annual pow wow.

INTAKE AND TRIAGE INTO INTENSIVE CASE MANAGEMENT IN HOUSING FIRST

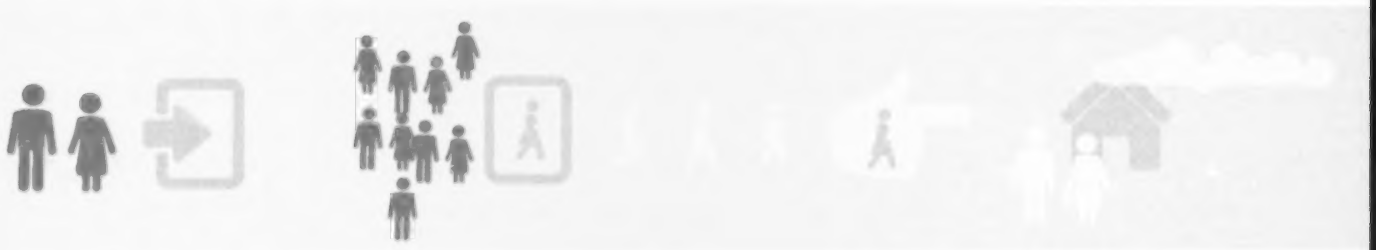
All programs must develop eligibility criteria and establish an intake, assessment and triage process that is consistent and efficient. Communities that have multiple programs are advised to adopt a system-wide approach. A decentralized coordinated access approach involves multiple system entry points, all of which provide the same standardized assessment, triage and referral process.[3] A centralized intake process, with a single point of entry into services, may be a particularly effective system-wide approach to managing referrals.[4]

BENEFITS OF A CENTRALIZED INTAKE APPROACH

Facilitates the process for clients
Allows a region or city to assess collectively its homeless population
01
0110
0001
01101
Provides an efficient way to collect data
Increases collaboration among agencies and programs
creates an arena for information and knowledge sharing
Quickly matches individuals to the most apropriate program
Helps fairly prioritize the most vulnerable individuals before referral to a given program

3 National Alliance to End Homelessness (2013)
4 Gardner, Ochoa, Alspaugh & Mathews (2010)

EXAMPLES OF CENTRALIZED INTAKE PROCESSES



LETHBRIDGE

(SCOTT & GAETZ, LETHBRIDGE, ALBERTA: CITY OF LETHBRIDGE & SOCIAL HOUSING IN ACTION, 2013)

HomeBASE

All persons experiencing homelessness in Lethbridge are referred to the HomeBASE centralized intake, triage and referral team

SPDAT

All referrals are screened using the SPDAT to determine a client's eligibility for services, identify client's major barriers to housing retention, and prioritize clients with the most complex needs

Referral

Clients are matched to the appropriate program, which recieves the client's SPDAT data, and is connected to the client through a warm transfer

Housing

Clients receive housing and support services to exit homelessness

CALGARY

(CALGARY HOMELESS FOUNDATION)

SORCe

All persons experiencing homelessness in Calgary are referred to the Safe Communities Opportunity and Resource Centre (SORCe) for centralized intake, triage

SPDAT

All referrals are screened using the SPDAT to determine a client's eligibility for services, identify client's major barriers to housing retention, and prioritize clients with the most complex needs

Referral

Once a client's acuity level is determined through the SPDAT, they are referred to the low, mid, ot high acuity Coordinated Access and Assessment Committee and matched with the appropriate service provider

Housing

Clients receive housing and support services to exit homelessness

VICTORIA

(CENTRALIZED ACCESS TO SUPPORTED HOUSING)

Referral

Service providers refer persons experiencing homelessness and requireing intensive supports by completing a referral form that evaluates a client's situation based on multiple areas of vulnerability

CASH

All referrals are reviewed by the Greater Victoria Centralized Access to Supported Housing (CASH) to determine a client's eligibility for services,and match the client with the program best able to support them

Referral

Clients are matched to the appropriate program, which recieves the client's referral data, and completes an intake with the client

Housing

Clients receive housing and support services to exit homelessness

IMPORTANT PRINCIPLES OF INTENSIVE CASE MANAGEMENT IN HOUSING FIRST

The "art" of intensive case management lies in the ability of the intensive case manager to support the client through the stages of change as they work to achieve their self-identified goals, without pressuring or forcing the client in any way, but also not shying away from tackling difficult issues or having challenging conversations. The following are some of the most important principles:

INTENSIVE CASE MANAGEMENT MUST BE INTEGRATED INTO THE HOUSING FIRST PROGRAM PHILOSOPHY.

The Housing First model stresses that participation in services is not a requirement for housing. However, to appropriately maintain the housing provided by the program, some staff presence (i.e. at least one visit a week) is necessary. To fulfill the Housing First model while supporting clients at the same time, intensive case managers have a responsibility to help clients explore all options available to them but also to support them in making their own decisions. This is where the art of intensive case management becomes apparent. Trust and rapport, as well as a focus on hope and celebration of all progress, form the basis of the relationship between the intensive case manager and the client.

INTENSIVE CASE MANAGERS MUST GET TO KNOW THEIR CLIENTS, UNDERSTAND CLIENTS' BELIEFS AND VALUES, THEIR HOBBIES AND INTERESTS, THEIR HISTORY AND THEIR GOALS FOR THE FUTURE.

Only with this understanding can the intensive case managers present therapeutic interventions that will have value for their clients.

Most of the therapeutic work done by intensive case managers is done in the client's home during home visits. Intensive case managers are often under time constraints and may feel pressured to keep their interactions with the client focused and on task. Although client interactions must certainly have a purpose, and client recovery goals form the basis of the intensive case manager's work with the client, it is also important to keep in mind the need for engagement and gradual trust building.

There is a well-established power imbalance between the service provider and the client. This power imbalance shifts significantly during the home visit because the visit takes place "on the client's turf" (Tsemberis, 2010). The intensive case manager must always keep in mind that, program rules and operational policies aside, they are a guest in the client's home and must behave as such. Intensive case managers must treat clients' homes with respect and care, and treat the clients as they would any other host.

THE PRINCIPLES OF HARM REDUCTION ARE ESSENTIAL TO THE ART OF INTENSIVE CASE MANAGEMENT.

Harm reduction practice accepts that high-risk activities are a part of life and strives to provide non-judgmental, inclusive service that does not depend on abstinence or sobriety. Clients who are actively using alcohol and/or drugs do not have to be sober in order to "deserve" housing. The typical intensive case management program uses a multimodal approach to harm reduction.

- On a policy level, the program has been created to support clients regardless of their use of substances.
- On a service provision level, intensive case managers have been trained to provide non-judgmental, individualized services to clients.
- On a practical level, intensive case managers help clients access tangible harm reduction services, such as clean pipes and needles.

A key component is compassionate acceptance of the person, known as "meeting the client where they are at." If a client chooses to use alcohol or drugs, or engage in other high-risk activities, the intensive case manager must not target interventions toward sobriety unless that is what the client wants. If the client is not interested in abstaining from substances, the intensive case manager will practice harm reduction and strive to keep the client as safe as possible, but must also support the client's goals and address the client's felt needs.

If harm reduction principles are not prioritized, practice can quickly deteriorate from true harm reduction to "harm acceptance," which lacks a recovery orientation, avoids critical reflection on how client behaviour affects client goals, and abandons the stages of the change model of treatment.

- If the service provider is overworked, tired and frustrated by not being able to support everyone who tries to access services, they are more likely to move from practicing active harm reduction to simple risk management.
- The shift from true harm reduction to harm acceptance does not necessarily result from the work of individual service providers. In some cases, an entire program may "drift" away from the harm reduction model. Harm acceptance is still certainly better than judgmental or abstinence-based service provision; however, clients deserve the empowerment and support that come from true harm reduction.
- Harm acceptance merely goes along with the status quo, whereas harm reduction strives to move clients toward a future where their behaviours are healthier and have fewer negative impacts.

AN EFFECTIVE INTENSIVE CASE MANAGEMENT PROGRAM SUPPORTS A FOCUS ON RECOVERY WHERE RECOVERY IS A PERSON-CENTRED, PERSONAL JOURNEY.

Recovery is about having choices and living a meaningful, satisfying and purposeful life. Recovery is positively linked to self-esteem, empowerment, social support and quality of life, and is inversely linked to psychiatric symptoms.

Person-centred care is driven by the belief that individuals have unique values, personal history and personality, and that each person has an equal right to dignity and respect, and to participate fully in their environment.

Clients are not being "treated" but instead are being supported in making decisions that promote well-being, and in moving through the stages of change in relation to personal goals.

- A person-centred approach means that the agency focuses on seeing the person first, rather than diagnostic labels; uses ordinary language and images, rather than professional jargon; actively searches for a person's gifts and capacities in the context of community life; and strengthens the person's voice.
- A key component of the person-centred practice is to actively engage the client at every level of service provision. The clients themselves know what matters to them the most, and the most important factors in attaining recovery.

Intensive case managers need to recognize that recovery outcomes are personal for each individual. Their job is to constantly offer choices, thereby encouraging selfdirected care. They also convey a message of belief that recovery is possible. In their interactions with staff and clients, intensive case managers must promote a culture of hope by:

- carrying positive messages about recovery
- avoiding hierarchical power relationships
- conveying true care and concern
- promoting client self-determination
- seeking meaningful engagement
- using a strength-based approach to practice
- providing holistic and individualized care
- encouraging clients to connect with naturally occurring supports and resources
- supporting community integration

Intensive case managers must keep in mind that doing things ***for*** the client may be acceptable during the engagement or initial phase of the program, but they want to move toward doing things ***with*** clients, then toward optimizing clients' independence, supporting them and teaching them to become informed decision-makers who ***do things for themselves***.

SUCCESSFUL SUPPORT IS CLIENT-LED AND DRIVEN BY THE CLIENT'S OWN GOALS AND FELT NEEDS.

Client interventions and service provision must be based on each client's individual recovery plan. Individual recovery plans are created shortly after intake (within ten working days), by the client and the intensive case manager. Individual recovery plans reflect clients' goals and needs.

Client goals are self-directed and are identified by the client as being the most meaningful at the time. Goals are re-evaluated regularly to confirm they are still relevant to the client's personal journey. If the program requires service plans in addition to recovery goals, these plans are not based on clinical assessments of clients' needs but instead are driven by clients' own treatment goals and are created by working with clients. This approach helps clients stay motivated and remain engaged with the team.

An effective individual recovery plan should use the client's own language and include the following:

- Strategies for managing crises
- Client's talents, skills, interests and aspirations
- Environmental assets available to the client
- Relevant goals that the client is passionate about
- Steps to achieve these goals
- Specific objectives to be achieved by the client, by the intensive case manager and by the client and intensive case manager together
- Timeline for achieving objectives
- Timeline for reviewing each goal

If a client wants to set a large goal that is not immediately attainable, they can be supported in setting this goal but then encouraged to identify smaller, measurable steps toward achieving the larger goal. This allows for ongoing evaluation and affirmation of client progress and prevents clients from becoming overwhelmed by large goals.

Individual recovery plans are consulted and updated during nearly every interaction with a client. Where possible, the intensive case manager must reflect on the client's progress and relate the client's behaviours (both those perceived as recoveryrelated and those perceived as unhelpful) to their identified goals.

Recovery goals should be reviewed in full regularly by the client with the intensive case manager. A senior staff member or supervisor should also review the plan once a year. Each review will determine the following:

- How frequently do we need to monitor and evaluate this goal?
- Are the goals current?
- Is the client still satisfied with these goals?
- Is the intensive case manager able to support these goals?
- Has anything changed for the client?
- What progress has the client made toward achieving their goals?
- How has working on these goals affected the client?
- Has the intensive case manager identified any issues or concerns that might affect the achievement of these goals?

TO BE SUCCESSFUL, AN INTENSIVE CASE MANAGEMENT PROGRAM MUST BE GROUNDED IN CLIENT CHOICE.

There is strong evidence that perceived choice can reduce psychiatric symptoms and increase skills and abilities in individuals participating in Housing First services.

Clients have the right to decline to participate in therapeutic programming without jeopardizing their housing or status in the program. In simple terms, clients are in no way required to participate in therapy in order to receive housing. For the program to be effective, clients must ***want*** to access services. Intensive case management services and programming must be offered in such a way that clients want to participate because they believe the services are beneficial and will make their lives better.

The process focuses on discovering the person's gifts, skills and capacities, and on listening for what is really important to the person.

INTENSIVE CASE MANAGERS MUST HAVE THE SKILLS TO ENGAGE WITH CLIENTS FROM A VARIETY OF BACKGROUNDS AND CULTURES.

Intensive case managers must "display respect, appreciation and sensitivity to the values, beliefs, lifeways, practices and problem-solving strategies of a client's culture and heritage.[5]"

Cultural competence refers to an ability to understand, communicate with and effectively interact with people of different cultures and socio-economic backgrounds. Cultural competence has four components:

- awareness of one's own cultural worldview and biases
- attitude toward cultural differences
- knowledge of different cultural practices and worldviews
- cross-cultural skills

Cultural competency training is important for individuals providing housing and support services. Different cultural norms may affect a client's tenancy.

5 National Case Management Network, 2009, p. 8

In Housing First, cultural competence also means developing an awareness of the effects of long-term homelessness and/or institutionalization. A client's behaviour and customs may be influenced by their experiences as a long-term resident in a hospital, correctional facility or shelter.

Housing First intensive case management programs can support cultural competence by collecting relevant cultural data, acquiring training about cultural distinctions and establishing partnerships with others who have extensive knowledge of diverse cultures.

Because of the significant marginalization of Indigenous Canadians and the overrepresentation of this group in the homeless population, all staff members should receive Indigenous cultural competency training. This training must focus on the history of Indigenous Canadians, including the effects of colonization, marginalization and racism in the form of the *Indian Act*, residential schools, child welfare policies (including the 60's scoop) and segregated medical facilities ("Indian hospitals"). Housing First programs could have an Indigenous cultural specialist or cultural reconnection worker on staff, and could form community partnerships with Indigenousserving agencies to give clients access to culturally appropriate services.

AN EFFECTIVE PERSON-CENTRED INTENSIVE CASE MANAGEMENT PROGRAM WILL USE AN ASSERTIVE ENGAGEMENT APPROACH TO CLIENT CARE.

Most homeless individuals will agree to program participation requirements (such as a weekly visit) to receive housing, but once housed can become reluctant to meet those requirements.
The traditional response to this reluctance has been to label the client "resistant." In a person-centred Housing First program, the philosophy is that there is no such thing as a resistant client. If a client is reluctant or refusing to participate, it means that the intensive case manager is not using an approach that will be successful in engaging that particular client.

There are many challenges to engagement with vulnerable populations served by Housing First programs. Clients typically have a long history of broken trust, attachment issues, safety concerns and marginalization. The intensive case manager has a responsibility to address these issues through assertive engagement.

Assertive engagement refers to the process where the outreach worker uses a combination of interpersonal skills, flexibility and creative intervention to engage and form a connection with the client.

Assertive engagement is both persistent and active, with the worker trying new approaches and strategies until they have formed a healthy and effective working relationship that addresses the needs of the individual client.

Steps in assertive engagement are as follows:

- Meet with the client at their physical location (e.g. home, prison or hospital) or where the client is comfortable and feels safe (e.g. community centre).
- Focus on providing practical assistance, for example, with housing, food, transportation and other basic needs. This creates the basis for a trusting relationship, where the client is reassured that the relationship will benefit them.
- Adapt to and/or confront coping strategies presented by the client. These may include deliberately missing visits, being distracted (e.g. television, radio or guests) or being intoxicated during visits.
- Keep in mind that each client is unique and has a unique set of strengths and challenges. There are specific interventions and strategies that will be effective, but they will vary from client to client.
- Strive to understand and accept the client's point of view.

A PERSON-CENTRED PROGRAM WILL EMPHASIZE STAGES OF CHANGE.

The process of supporting a client through the stages of change is long and complex, and may take years.

The stages of change are defined as follows:

- **Pre-contemplation:** In this stage, the client will be aware of their behaviours but will not view them as being problematic. Therefore, the client is not thinking about changing or modifying their behaviour. When working with a client who is in pre-contemplation, the first priority is to develop a rapport and trust. A client may spend years or even decades in pre-contemplation; it is therefore crucial to begin basic harm reduction immediately to minimize risks to the client.

- **Contemplation**: A client in the contemplation stage is beginning to think about change, and beginning to look at the effects that substance use has had on their life. Intensive case managers still rely mainly on motivational interviewing techniques in the contemplation stage, especially exploring ambivalence, openended questions, reflections and affirmations. Here an intensive case manager can introduce more complex harm reduction strategies, and begin to explore with the client the pros and cons of a given behaviour (e.g. substance use).
- **Preparation**: The preparation stage occurs when a client is making plans to change. A client who is in this stage will receive support from their intensive case manager to set realistic goals. It can also be helpful at this stage for the intensive case manager to support the client in seeking out healthy activities to replace harmful activities.
- **Action**: A client in the action stage of change is actively taking steps to modify both their behaviour and their environment. For example, a client who uses substances may take big steps such as entering a treatment centre, or the intensive case manager may notice that the client is making more subtle changes such as changing their phone number to avoid dealers and substance using friends, ending negative relationships and setting healthy boundaries. The intensive case manager will transition from motivational interviewing techniques to cognitive behavioural therapy to help the client acquire new skills and support the client in managing symptoms and pursuing their goals.
- **Maintenance:** In this stage, the client is working to sustain the changes they have made. The intensive case manager continues to use cognitive behavioural therapy, and the interventions should focus on maintaining the positive changes that the client has made in their life.
- **Relapse prevention:** The key interventions in this stage are helping the client identify situations that may increase their desire to revert to old habits, documenting a detailed relapse prevention plan and developing strategies to maintain recovery.

TRAUMA-INFORMED CARE IS AN IMPORTANT COMPONENT OF AN INTENSIVE CASE MANAGEMENT PROGRAM.

Many people who receive housing from intensive case management programs are survivors of violence and abuse, loss, disruptions to important relationships and neglect.

For the purposes of Housing First, trauma-informed care can be defined as a strengthbased framework that is grounded in an understanding of and responsiveness to the impact of trauma which emphasizes physical, psychological and emotional safety for both providers and survivors, and creates opportunities for survivors to rebuild a sense of control and empowerment.

It is beneficial to designate a staff member who is trained in trauma-informed care to help administrators evaluate policies and procedures, and to evaluate the program's service provision from a trauma-informed care perspective.

THE "SUPPORTIVE FAIL" AS A THERAPEUTIC INTERVENTION.

The Alex HomeBase Program in Calgary, Alberta, has trained on this intervention locally, nationally and internationally. It is a unique practice approach within the scope of intensive case management service provision, the main goal of which is to empower clients to make decisions that will positively affect their housing and quality of life.

Although many programs in the start-up phase will assist clients in countless ways in order to "save their housing," this may not be an ideal longterm solution for the agency or the client. Of course, if a program refuses to mitigate the consequences of a client's actions, the client may lose their housing. This may seem harsh at first, but if a community member damages property, violates the terms of their lease or does not pay their rent, they will be evicted and lose their housing. That individual will then have to make a plan and take action to obtain new housing, and will have to decide whether they will alter their behaviours to maintain this housing. If the reality of eviction is removed from a client's experience, the client is deprived of the opportunity to learn. Learning creates empowerment and supports self-efficacy.

Within the supported fail, clients make their own choices. They receive psychoeducation regarding the consequences of their actions but have the freedom to choose, even if their choice results in the loss of housing. None of the additional services a program offers are taken away from the client at any time during the supported fail. This means the program will still offer intensive case management supports and supplementary services as needed.

THE HIGH ACUITY CLIENTS SERVED THROUGH INTENSIVE CASE MANAGEMENT PROGRAMS NEED TO BE CONNECTED WITH MULTIPLE SERVICES AND RESOURCES WITHIN THE LARGER COMMUNITY TO HAVE THEIR FULL RANGE OF NEEDS MET.

Intensive case management programs should develop partnership or service agreements with other service providers in the community.

Intensive case managers must have knowledge of available services and resources, and stay informed.

To promote meaningful connections between clients and outside agencies, intensive case managers should follow a number of steps in the referral process. Standardizing these steps across the program leads to a higher standard of service and ensures that all clients receive the same level of support:

- The referral needs of individual clients are assessed on intake, and intensive case managers regularly follow up on referrals to outside service providers.
- The client and the intensive case manager work together to identify felt needs that require outside referral.
- The intensive case manager (and/or the housing locator or housing specialist) locates an appropriate program or service, confirms that it is acceptable to the client and makes the referral.
- The intensive case manager accompanies the client to the intake or initial appointment to advocate on the client's behalf and to make sure the client is comfortable and engages with the program or service.
- All efforts to connect a client with an outside service provider are documented.

IMPLEMENTING INTENSIVE CASE MANAGEMENT IN HOUSING FIRST

Intensive case management involves five important implementation components, 1) assessing, 2) managing, 3) staffing, 4) housing, and 5) ending.

1 | ASSESSING

Typically, a program uses a number of assessments with different purposes and scope to determine clients' needs and track clients' information and progress over time.

Assessments should be completed in a specific order, and the order should naturally lead the intensive case manager and the client to work closely together as the manager develops a more detailed understanding of the client's situation and needs.

Both the client and the intensive case manager should arrive at the end of the assessment process with a clearer picture of where the client is coming from and where they want to be.

Once completed, assessments form the basis of the work the client does with their intensive case manager. The information gathered can inform program development and add to the broader community's understanding of homelessness.

Assessments must be completed according to the time frames outlined in program policy (e.g. within ten days of intake). However, programs should be aware that many clients will have to move at their own pace to accurately complete these assessments. The assessment process may be stressful for some clients, and assessments should never be prioritized over client care and emergent needs. Clients must be given the space and flexibility to participate in assessments as they are able and must always be given the option to refuse.

THE AT HOME/CHEZ SOI STUDY

The At Home/Chez Soi study was the first randomized trial of the effectiveness of intensive case management and assertive community treatment using the Housing First approach in Canada (Hwang, Stephen; Stergiopoulos, Vicky; O'Campo, Patricia; Gozdzik, Agnes, 2012). At Home/ Chez Soi was a four-year research project that housed clients in Vancouver, British Columbia; Winnipeg, Manitoba; Toronto, Ontario; Montréal, Quebec; and Moncton, New Brunswick. The project focused on collecting comprehensive data and provided comparison to a control group. Assessments were a key aspect of this research project and provided data on multiple aspects of client experience. The At Home/Chez Soi project tracked client outcomes by measuring clients' housing stability, community functioning, quality of life, mental health and substance use. The assessments used to capture this data were the Residential Time-Line Follow Back Inventory, the Multnomah Community Ability Scale, the Quality of Life Index, the Colorado Symptom Index and the Global Assessment of Individual Needs Substance Problems Scale (Mental Health Commission of Canada, 2014).

MANAGING ASSESSMENTS WITH THE HOMEBASE CLIENT WORKBOOK

To effectively implement intensive case management, The Alex HomeBase Program in Calgary, Alberta, uses a series of assessment tools to capture information about the clients who participate in the program. These assessments together are contained in the HomeBase Intensive Case Management Workbook, which is web-enabled, allowing intensive case managers to access, add and edit data while working in the field with clients. Each client has a workbook that is updated on an ongoing basis as new assessments are completed. The assessments that comprise the Intensive Case Management Workbook are the Calgary Singles Acuity Scale, the Multnomah Community Ability Scale, the Comorbid Conditions List, the Global Assessment of Individual Needs Substance Problems Scale, the EQ5D and the 20-item Quality of Life Interview (QOLI-20), and the Colorado Symptoms Index.

The workbook captures clients' progress over time, which is helpful identifying a client's holistic level of well-being. HomeBase had the opportunity to present the web-enabled workbook at the Canadian Alliance to End Homelessness (CAEH) 2013 Conference in Ottawa. The workbook was well received and lauded as an innovative way to provide client services (Poffenroth & Fortune, 2014).

IMPORTANT QUESTIONS WHEN SELECTING ASSESSMENT TOOLS

- Are there certain assessments mandated by our funder or our program?
- Are we going to use an assessment tool for intake? Will this same tool be used to measure client progress over time?
- Are we serving a specific population, and do we need to alter our assessments to meet this population's needs?
- What are we planning to assess, and what is our timeline for assessment?
- What is the purpose of our assessments? Are we using this information to guide intake, to inform client care and case management, to provide information to funders, to support research or for other reasons?
- Is the assessment useful for the participant?
- Do our staff members have the capacity to use the planned assessments?
- Have we arranged adequate training for our staff to prepare them to use these assessments?
- Do we have funding to pay for the rights to use assessments, or do we need to rely on assessments that have no costs attached?
- How are we going to store the information collected from these assessments, and who will be responsible for collecting and collating the data?
- Are we gathering any data that we don't need or won't use?

2 | MANAGING

Managing intensive cases is a multifaceted commitment that extends beyond the actual services to the clients themselves. From developing program documents to sustaining community engagement, there is a range of responsibilities that the agency must not overlook.

This section describes how to plan the management of the following:

- Program documents
- Establishment as a legal entity
- Program space
- Community engagement
- Home visits
- Risk assessment
- Client information
- Community partnerships
- Staff-to-client ratios
- 24/7 support
- Research and evaluation

PROGRAM DOCUMENTS

To ensure that an intensive case management program's documents are comprehensive and will meet the program's needs, ask the following questions:

- Do we have all the client-related documents that we need?
- Service agreement
- Release of information
- Natural supports release of information
- Occupancy agreement (if the program is using master leases)
- Transportation release of liability
- Client satisfaction survey
- Written protocols for complaints and appeals processes
- Have our client-related documents been reviewed by our funder?
- Have we sought a legal review of our client-related documents?
- Do our client-related documents use language that is easy for our clients to understand?
- Does our service agreement clearly address issues of privacy, confidentiality and informed consent, and outline what is offered by the program, what is expected of the client and what the discharge or endofservice criteria are?
- Do our release of information forms comply with all relevant legislation and clearly specify the types of information we may release, to whom and for what purpose?

- Do our client-related documents specify how often they will be reviewed with and signed again by the client?
- Are our client-related documents sensitive to our specific client population?
- Do we have all the staffrelated and volunteer-related documents that we need?
  - Oath of confidentiality
  - Equipment sign-out (cell phones, laptops)
  - Program vehicle use sheets (tracking who uses the vehicles, mileage, damages, etc.) or policies and procedures for use of own vehicle, including adequate insurance
  - Policy and procedures manual
  - Job descriptions
  - Organizational chart
  - Employee annual/semi-annual review package
  - Employee performance management plan
- Have our staff-related documents been reviewed by our funder?
- Have we sought a legal review of our staff-related documents?
- Do our staff-related documents comply with all relevant legislation?

ESTABLISHMENT AS A LEGAL ENTITY

Most programs that provide housing and support services find it both necessary and practical to create an "arms-length" non-profit. This non-profit is the body that holds leases, collects rental payments, administers rental subsidies, manages tenant insurance and addresses other financial concerns related to client housing. This practice serves a number of purposes such as:

- increasing ease of reporting to funders
- separating financial matters from clinical service provision
- keeping the program budget for rental and other housing concerns separate from service delivery funds
- shielding the larger program from any legal or liability-related consequences that may arise due to issues in a unit

Separation of finances does not affect the total program budget, which will be combined with operating, clientrelated, service provision and staff expenses.

Financial matters such as staff compensation and office-related expenses will be dealt with by the core program, and the finances and day-to-day management of the non-profit will still be dealt with in house by the core program.

Financial documentation pertaining to clients (such as utility bills) are not listed under the program name, which can spare program clients from prejudice and discrimination.

PROGRAM SPACE

There are a number of important factors to consider when selecting office space for a Housing First intensive case management program, and a number of questions to ask when looking for a space:

- Are we certain of both immediate and long-term funding for our space?
- Do we want to rent, lease or purchase a space?
- Are we willing/able to renovate the space?
- What are the zoning regulations that could affect our chosen space?
- Does the space have:
  - Visible "storefront" and signage
  - A reception area with secured entry
  - Space for a client lounge or waiting room for clients
  - Private meeting area off the lobby to meet with intakes or community members without bringing them past security
  - Space for client groups
  - Counselling room
  - Adequate kitchen for preparing food for or with clients
  - Washrooms and shower for clients
  - Secured entrance to the staff area for safety and confidentiality
  - Washrooms for staff
  - Space for staff training and all-staff meetings
  - Adequate private office space for management
  - Adequate "bullpen" or "team space" for intensive case managers
  - Secured room for storing client files
  - Secured room for the accounting or financial manager
  - Office space for housing staff
  - Warehouse space with adequate storage
  - Clear access (ideally, driveup access) to the warehouse
  - Enough parking for staff, visitors and clients (including room for a moving van)
  - Outdoor area for clients who wish to smoke
  - Enough outdoor space for future activities such as a BBQ or gardening with clients
  - Space set aside for cultural events, ceremonies and practices
- Will the community be welcoming?
- Will our clients be comfortable accessing this space?
- Do we need to be close to or far away from areas where the homeless community gathers?
- Is the space easily accessible using public transit?
- Is the space convenient to major roads and areas where clients will be housed?
- Can we personalize the space?

COMMUNITY ENGAGEMENT

Unfortunately, many marginalized groups experience prejudice and discrimination. Homeless individuals, those who have a mental illness, physical disabilities or substance use disorder, or those who are visible minorities, are not always viewed favourably by the broader community.

There are three facets to community engagement:

- Engage the client with the program community.
  - Start by building a relationship with the intensive case manager, then broaden the scope of the engagement to include other staff members and clients through recreation and social activities.
- Support the client as they engage with their local community after finding housing
  - An important part of intensive case management is connecting clients with services and resources such as addictions treatment, Indigenous agencies, financial services, health services, child support services, immigrant-serving agencies, vocational training and community food resources.
- Engaging the broader community with the program as a whole
  - It is also crucial to build understanding and awareness of the program's role within the community and the city. Raising awareness of the program's mandate, client population and the work that is being done is essential to raise funds, recruit volunteers and increase acceptance of the clients as citizens.
  - Creating opportunities for clients to share their stories with the broader community (e.g. through media interviews, speaking engagements, artistic or creative outlets) can be a powerful communications tool, but should be approached with caution. Think carefully about potentially negative consequences for the client, including the danger of re-traumatizing.

HOME VISITS

Although some community visits may be required to meet clients' needs, the majority of visits need to be done in the home. To provide appropriate support, staff members must first assess how the client functions in their own environment. Changes to a client's way of living at home are often the first sign that the client may be dealing with issues.

During the initial home visits, the intensive case manager will establish a baseline for the client's mood, behaviour, mental health, substance abuse and functionality in terms of activities of daily living. After the baseline is established, it can be used as a reference to assess changes in the client.

Frequency of visits should be adjusted based on client needs. When a client is initially housed, before a baseline is established, visits should be frequent. Once intensive case managers understand the level of support needed as determined by the client's baseline, a regular schedule of visit frequency and duration can be created.

Visit schedules should be flexible to respond to ongoing client needs. If a staff member determines that a client's housing is at risk or becomes aware of behavioural concerns, they should increase the frequency of their visits immediately.

Activities of daily living such as cooking, cleaning and personal care are all important in helping a client obtain and maintain their housing. Staff must be prepared to provide on-the-spot education and support to help clients live independently in a healthy and safe manner.

RISK ASSESSMENT

A risk assessment is an examination of a client's potential risk of selfharm or of harm to staff and/or other clients in the workplace, community or home. A risk assessment also identifies clients whose health and safety may deteriorate if support services are insufficient.

To build a culture of safety, a program must use policy, procedure and practice to create a working environment that recognizes the right of staff and clients to be protected from risk or harm caused by a failure to take reasonable control measures.

Risk can be assessed in the office, the community or the client's home in three stages that describe the client's mood and behaviour:

- **Stage 1:** Client is agitated; there is a change in client behaviour that is not affecting other people.
  - Example: teeth clenching or sudden silence.
  - Role of intensive case manager: stay calm, use active listening and offer choices.
- **Stage 2:** A client is disruptive; there is a change in client behaviour that affects other people.
  - Example: yelling or finger waving.
  - Role of intensive case manager: clear the area of other clients, remain calm but firm, and create physical distance between the staff member and the client.
- **Stage 3:** A client is dangerous; there is a direct physical or verbal threat toward another person, a place or an object.
  - Example: threatening to punch or throwing an object.
  - Role of intensive case manager: make sure other clients are in a secure area, protect yourself, call 911 (or other appropriate emergency service) and make safety of others a priority.

Based on the assessment results, staff members assign a risk category but also develop a plan to prevent and/or manage risk for the client. Clients should be informed of the plan and the reason for it, as well as how long it will be in place. When planning for a moderate to high risk, intensive case managers can use the following as deemed necessary:

- Implementation of the safety and risk assessment policy which states that, if a risk is identified, a group of staff members will be brought together to prepare a risk assessment and a risk plan
- Psychiatric risk assessment by a community psychiatrist
- Visits by two staff members together
- Clinical meetings with the client held in the community or the program office (this should be done on a temporary basis only, as the majority of Housing First work must be done in the client's home to be effective and adhere to the Housing First model)

All outreach staff should have cell phones so they can call program staff for help if required, or call for emergency services or police assistance while on a home or community visit.

Program policy should cover telephone protocol, as well as provide clear guidelines on how staff should record their schedule and check in and out of visits. This record should include the client(s) that the staff member is visiting, the location and any other relevant information.

CLIENT INFORMATION

Ensuring that an intensive case management program has a system for storing and managing client data is essential for both short- and long-term success.

- In the short term, proper information management protects the security of client information, makes the information available for intensive case managers and informs treatment planning and goal setting.
- In the long term, an accurate and wellmaintained data system allows the program to research trends over time, create better long-term service delivery plans and contribute to the growing body of knowledge in Canada pertaining to Housing First and how to adapt it to the Canadian context.

There are a number of client information management systems available (for example, HIFIS, HMIS, HOMES, ACTERS and ETO). To select the appropriate system, the following questions must be answered:

- Are we mandated by our funder to use a certain system?
- Is there a client information management system in place in our community?
- Is this system efficient/effective/appropriate for our program and our clients?
- Do we have funding in place for an information management system, or should we use a system that is available at no cost?
- Will our program offer medical services?
    - Do we need to consider using an information management system that is designed for medical use?
    - Do we want medical staff and intensive case managers to use the same system and/or be able to share access to case notes?
- Do we want a web-based system that intensive case managers can use while out in the community?
- Do we want to use a system that is specifically designed for intensive case management programs?
- Do we want to design a system specifically for our program?
- Who will train our staff to use the system? How easy is it to use, and what level of technical expertise is required?
- Who will oversee the system?
- Who will collect data from the system to calculate outcomes and demographics?
- What are the information requirements of the program, and how will completeness of files and data be ensured?
- Have we obtained written consent from clients to collect and store their data and information? Informed consent should cover the following:
    - How the data will be transported, shared, reported, stored and, ultimately, destroyed
    - How the data (both physical and electronic) will be protected from unauthorized access, theft or unintended destruction
    - Who will have access to data and client information
    - How clients can access their own records, and whether access is limited in any way

COMMUNITY PARTNERSHIPS[6]

A key part of intensive case management is locating appropriate resources for clients, referring them and following up on the referral. To do this effectively and efficiently, the program needs to put a high priority on developing relationships with other agencies and programs.

If the intensive case manager is unfamiliar with the referral process, they may miss a step and jeopardize the client's chance of accessing that agency's services. Often, clients have a long history of negative experiences with service providers. If a client attends an appointment and is turned away, they may not make the attempt again.

It is also important to develop relationships with other service providers to prevent the duplication of services. If a service required by intensive case management clients is offered by another service provider, it is far more efficient to refer clients to receive that service and to concentrate program resources on providing other services that are not readily available in the community.

Developing positive relationships with other agencies also helps raise the program's profile and promote the work being done.

STAFF-TO-CLIENT RATIOS

Caseloads for intensive case management programs are determined by client complexity and acuity.

Make sure each intensive case manager in your program has the same number of clients in their caseload and that each caseload is equally balanced in terms of acuity level and frequency of contact.

Maintaining a maximum caseload ensures that clients receive the support they need to obtain and maintain housing.

Housing First policy demonstrates that caseloads in excess of 10-15 clients compromise the ability of intensive case managers to effectively serve their clients.

Exceeding recommended caseload ratios can lead to increased stress and burnout among intensive case managers, and lowered client outcomes.

Frequently reassigning clients to balance acuity across caseloads can lead to issues in building trust between clients and intensive case managers, and can lead to decreased outcomes over time.

[6] *See Yourself as a Partner: Guide to Community Partnership Development* : https://www.canada.ca/en/employment-social-development/programs/communities/homelessness/publications-bulletins/guide-community-partnership.html

24/7 SUPPORT

Intensive case management programs that serve clients who are classified as high acuity and require complex interventions will frequently need to provide these clients with some form of assistance outside of business hours. Written protocols should be established for clients to access service during off-service hours and should be documented as part of crisis planning in the individual recovery plan.

Programs need to assess what level of support their clients will require and what resources are available within or outside of the program. The following questions help make this assessment:

- What after-hours support do our clients require?
  - Police
  - Fire
  - Ambulance/hospital
  - Mental health intervention
  - De-escalation of landlord concerns
  - General support and problem solving
- Is providing after-hours support mandated by the funder, accrediting body or municipality?
- Is reducing clients' use of emergency services an outcome measure for the program?
- Do any of our clients use after-hours emergency services to access an inappropriately high level of care (e.g. hospital emergency room)?
- To what degree could our clients' use of after-hours emergency service be decreased with access to the following:
  - Telephone support provided by program staff?
  - Telephone support provided by a community agency?
  - In-person support provided by program staff?
  - in-person support provided by a community agency?
- Are there effective after-hours support programs available in our community?
  - Telephone crisis line
  - Telephone health advice line
  - Non-police crisis response
  - Mental health outreach/intervention
  - Domestic violence support services
- Could we create a community partnership with an after-hours support program?
- Do we have the resources within the program to offer after-hours telephone support?
  - Designated telephone line
  - Staff scheduling
  - Compensation plan
  - Safety plan
  - Transportation
- Will offering after-hours support within the program increase our clients' self-efficacy and ability to function in the community?

3 | STAFFING

Burnout and high turnover have been specifically identified as barriers to implementing effective case management to end homelessness. Because of the relational nature of intensive case management and the need to develop trust with a primary service provider, building a stable program workforce is especially important.

HIRING

There are certain practices that can be implemented to test the fit of the potential staff member, such as the shadow shift. A potential staff member will be brought in for an interview and, if successful, they will spend a day shadowing an intensive case manager. This shadow shift helps the potential hire get a feel for the client population and the community outreach nature of intensive case management.

Training is crucial to ensuring quality client care. All new intensive case managers must be given a full round of training prior to independent client contact. Several weeks of shadowing combined with daily training sessions helps prepare new staff members to handle a caseload.

A start-up intensive case management program will hire (in the following order):

- A **program manager**
  - i. A program manager should have a Bachelor's degree in a related field and experience doing outreach work with vulnerable populations.
  - ii. Engagement skills and counselling skills are key.
- One or more **team leads** (depending on proposed program capacity)
  - i. Team leads should have a Master's or a Bachelor's degree and equivalent work experience.
  - ii. Ideally, team leads will have both front line and leadership experience in intensive case management or another Housing First program such as assertive case management.
- A **receptionist or program assistant**
- A **housing specialist** (or team lead for housing). Hiring a housing specialist early in the program's development will allow the person hired to immediately begin developing relationships with landlords, locating housing and confirming that housing will be available after intake has been completed.
  - i. **Intensive case managers**
    Where possible, hire intensive case managers who have a range of experience in diverse fields, such as addictions counselling, mental health and vocational counselling, to promote cross-training and collaboration and to better meet clients' needs.
  - ii. A **data coordinator** to make sure data is properly collected and collated, and accurate reports are made to funders.
  - iii. Any **additional specialists** if funding permits.

Some programs choose to hire specific peer specialists, and many intensive case managers

and support staff may come from a place of lived experience.

Lived experience can be a valuable source of skill and empathy for clients and can enhance the staff member's abilities. Lived experience can also contribute to burnout, boundary issues and vicarious traumatization. Setting up appropriate training and supports for program staff helps address these issues, as does screening during interviews for individuals who have had an extended period of psychosocial recovery following their lived experience.

Hiring multiple staff members at a time facilitates core competency training. The program should slowly build the client population and, as client numbers increase, hire more housing specialists, intensive case managers and team leads as needed.

CORPORATE CULTURE

Working with a high acuity population can be difficult, and burnout and staff turnover are unfortunate realities of intensive case management programs. Effective intensive case management programs work to prevent burnout by supporting a healthy corporate culture. To do this, a number of strategies may be used.

Debriefing, which may take one of the following forms:

i. Formal supervision with team lead or program manager

   Making debriefing a part of meetings and formal supervision gives intensive case managers an opportunity to explore their feelings and receive support from their supervisor.

ii. Informal consultation with other staff members

   Informal consultations are just as important. Often in a busy program there is a tendency to limit staff "chatting." Program leaders who are committed to building a healthy corporate culture will acknowledge that a reasonable amount of so-called "chatting" can actually be a valuable way for intensive case managers to debrief after challenging client contact, to manage countertransference and to solve problems.

iii. Immediate debriefing with reception or program assistant

   Intensive case managers can also go to the program assistant (or supervisory staff, depending on the level of need) for an immediate telephone debriefing. Often a one-minute phone call is enough for intensive case managers to centre themselves.

iv. Critical incidents such as the death of a client require an additional level of debriefing and support for staff. In some cases, a client's death can require a formal debriefing of the entire program.

   - This debriefing can be facilitated by the team leads or the program manager; however, in cases where these staff members are also strongly affected, it is important not to place undue stress on them.
   - If necessary, an outside counsellor can facilitate the debriefing and provide support to everyone involved in the program.
   - Planning a memorial service for a deceased client is another form of debriefing. This practice gives staff members the chance to grieve and honours both the departed client and the feelings of loss among staff members.
   - Intensive case managers should not be expected to immediately add a new client to their caseload.

Honouring staff achievements:

i. Various forms of recognition, such as achievement awards or naming an employee of the month, are cost-effective ways to make employees feel respected and supported.

ii. Recognizing outside achievements is also important. When a staff member celebrates a major milestone (this can range from completing a degree to getting married), recognizing the milestone within the program contributes to building a positive environment.

iii. A simple celebration or token, such as a potluck lunch or a card, costs the program nothing but offers employees a chance to celebrate each other.

iv. It is recommended that the program avoid repeatedly collecting funds from staff for gifts. Such a practice can cause resentment or financial struggles among staff members. Team leads and program managers who are organizing events or gifts should consider the financial capacities of staff members.

Staff wellness:

i. Staff wellness should be kept separate from training and program planning.

ii. A staff wellness event should be fun and involve activities that give staff members an opportunity to socialize.

iii. The employee benefits and assistance package is crucial to supporting staff members. Ideally, a program will provide regular in-service training to make all employees aware of the benefits and supports available.

Morning meetings: To make sure each team functions as a whole, and client care issues are appropriately addressed

i. These meetings give the teams the chance to come together every day and enhance the team's sense of working together.

ii. Morning meetings should focus primarily on discussing clients, not on administrative tasks.

SUPERVISION

Effective supervision can mitigate staff burnout. In a well-functioning intensive case management program, the leadership team (including the program manager and team leads) will maintain an open door policy to provide ongoing support, and regular supervision sessions will be booked for all staff members.

- It is important that all staff members working in the community, especially intensive case managers, have field supervision. This field supervision will ideally be carried out during the course of regular duties.
- Written goals should be set with staff members at the initial supervision and should be reevaluated during each supervision, similar to client goals.
  - This helps staff members reach employmentrelated goals and identifies individuals who wish to work toward promotion.
  - Written goals are a way to identify an employee's progress and track areas for improvement.
- An annual formal supervision should be completed each year on the employee's hire date to determine any additional concerns such as merit increases, other changes to rate of pay, or changes to job title or role description.

TRAINING

To best meet the needs of a complex and vulnerable client population, intensive case management staff must be properly trained and supported. Moreover, since intensive case managers are hired from a variety of backgrounds and disciplines, appropriate training is crucial.

Where possible, it is efficient to have trainers and training opportunities within the agency or program. To obtain specialized training, some programs will work together and "trade" trainers or share the cost of bringing in an expert.

Although each program will have different training requirements based on their client population, some training is required for accreditation purposes or by the program's funding body. Generally, the core training will include the following:

- Basic Housing First training
- Cultural competency for Indigenous and other relevant multicultural client populations, and anti-racism training
- Program safety procedures and safety standards for working in the community
- Client engagement techniques
- Nonviolent crisis intervention or de-escalation training
- Suicide intervention training
- First Aid/CPR
- Disease education and prevention or universal safety precautions
- Code of conduct or ethical practice standards
- Case management standards
- Motivational interviewing
- Harm reduction
- Trauma-Informed care
- Orientation to community partners and supplementary support services

Many programs that strive for service excellence offer additional training such as:

- Integrated dual disorder treatment planning
- Hoarding and clutter intervention
- CPR
- Mental health 101
- Street drugs/Substance use intervention
- Assertive client engagement
- Cognitive behavioural therapy
- Dialectical behavioural therapy
- Group facilitation
- Illness management recovery
- Supported employment
- Cognitive behavioural social skills therapy
- Emergency preparedness
- Critical incident debriefing
- Family dynamics
- Compassion fatigue
- Applying for financial benefits
- Wellness recovery action plans

All client contact is significant and has the potential to be therapeutic (or countertherapeutic).

Where possible, programs should give all staff members the opportunity to attend trainings, while at the same time reinforcing that non-clinical staff should focus on their specific roles and not attempt psychosocial intervention with clients.

STAFF FIT

Many excellent service providers take positions in this type of program, then find they are unable to adjust to this unique service model. This type of practice requires flexibility, patience, creativity, empathy and authenticity.

- Individuals coming from more structured programs such as those that use a medical model, the justice system, sobriety-based programs and involuntary programs may struggle to provide non-judgmental stage-wise services to high acuity clients.
- Some staff may be uncomfortable with street-entrenched behaviours or the activities of substance use.
- Many staff members become frustrated with clients' rate of progress in changing their long-standing patterns and have trouble adhering to client-directed goal setting in place of traditional service plans.

The abilities and comfort level of new staff members should be assessed on an ongoing basis. The complex nature of intensive case management with high acuity clients requires an innate skill set in addition to skills taught in agency trainings.

Some people are simply not suited to work in this type of program. For clients' health and wellbeing and the program's corporate culture, the program's leadership must be willing to coach out or terminate staff members if necessary. Devoting too much effort to retain a staff member who is ineffective or a poor fit for the role does not serve the program's or clients' needs.

4 | HOUSING

LANDLORD RELATIONS[7]

Quite simply, there can be no Housing First program without landlords, and landlords cannot be properly supported without a fully staffed and well-trained housing team. Developing good working relationships with new landlords and maintaining positive ongoing landlord relations is a high priority. Many landlords are hesitant to accept Housing First clients because of previous negative experiences with individuals who were supported by other programs or simply because of a fear of the unknown. In some cases, the client's physical appearance alone can cause a landlord to reject an application.

- Improving relationships with existing landlords and increasing the program's housing capacity must be priorities for the program as a whole.
- Housing First programs must develop a consistent policy regarding landlord support and relations, and be diligent in making sure the processes become standard practice. Communication is a key component of good landlord relations.

7 *The Landlord Engagement Toolkit : A Guide to Working with Landlords in Housing First Programs* : https://workspaceonhomelessness.ca/hps/resources/hps__spli/hps_english/landlord_engagement_toolkit

- Steps involved in developing a relationship with landlords:
  - Begin with a face-to-face meeting to explain the program's mission and mandates, the supports that are provided and how the program will minimize risks to the property.

    Many landlords' initial concerns can be addressed with the understanding that rents are subsidized, professional supports are in place to address behavioural and other issues, and the landlords themselves will receive prompt support should problems arise.
  - Bring each client to meet their landlord (or building manager) to make sure the client is aware of all rules and expectations surrounding tenancy.
  - Communicate with landlords on an ongoing basis.

    Determine the preferred method of communication and inform all staff members. Make sure the landlord knows who their primary program contact is and knows who to contact to discuss a client's tenancy. When a landlord does make contact, respond to their concern immediately and follow up to confirm that the situation has been resolved to their satisfaction.
  - Check in with landlords regularly, not just when there is a concern.

    Landlords need to feel appreciated and supported. Proactive initiatives, such as dropping by with a coffee or a thank you note, can go a long way to building a good relationship. Intensive case managers and housing specialists should make an effort to get to know the landlords or building managers on an individual level in order to create a relationship that is not focused solely on crisis situations.
  - Make a presentation to large groups of building managers (when working with larger landlords who operate multiple sites).

    Doing this provides all building managers with a consistent message, enables them to develop a stronger connection to the program and an understanding of the challenges that clients experience, and puts a face to their primary program contact.
  - Good landlord relations also provide some leniency when clients face potential evictions.

    If the landlord trusts the intensive case managers and housing specialists and is confident in the quality of the clinical interventions provided, staff may be able to negotiate on a client's behalf. Such negotiations may include a second chance for a client, or a "cooling off" period where a client leaves their unit for a period of time to lower their profile in the building or address a mental health or addictions concern through residential treatment or hospitalization.
  - Extending the good relationship to the corporate office of a large landlord or property management company can increase acceptance of Housing First programs at the building manager level.

    Establishing a rapport with a contact at the corporate level greatly increases the likelihood that a building manager will choose to rent a unit to a client and also increases the possibility of a second chance for a client facing challenges.

HOUSING RETENTION

Eviction prevention is critical to maintaining a successful Housing First program. The best and most effective way to prevent evictions is to create a focus on housing retention throughout the program.

- Keeping in mind that secure housing is one of the most important harm reduction methods to help clients achieve their goal of becoming self-sufficient, housing retention practices are extremely important.
- Many programs have a policy that all staff members help with moves, unit cleaning and inspections, while other programs provide for all staff members to be available to help during crises.
- Rehousing must be considered the best practice.

HOUSING SUPPORT

Housing support is multimodal, addressing the ongoing problem of maintaining client housing on many levels.

- Housing specialists and intensive case managers work to build a rapport with and provide support to landlords and building managers.
- The program as a whole works to promote and maintain a good agency profile within the community.
- Intensive case managers work with their clients to address behavioural and other issues that may affect housing.
- A building manager or landlord who has a positive relationship with the program is more likely to be understanding when complaints and concerns arise. This may give the intensive case manager time to address behavioural concerns with the client in a therapeutic way in order to maintain a tenancy. Support to clients may include the following:
  - Supporting activities of daily living such as cleaning
  - Educating clients on the requirements outlined in a lease
  - Managing behavioural issues to be a good neighbour
  - Lowering the client's profile among other building tenants
  - Supporting the client in minimizing the effects of substance use on housing
  - Addressing factors that may affect housing (such as poorly controlled symptoms of mental illness) in a timely manner through appropriate outsourcing and referrals
  - Providing appropriate and culturally competent supports where a cultural difference (such as a culture of communal living) is affecting the client's housing

PROVISION OF BASIC FURNITURE AND SUPPORT

Basic furniture and necessities can be provided to clients using program funds, or can be acquired through community resources.

There are a number of factors to consider when thinking about providing furniture and support:

- Does our funder require clients to receive certain items within a specific period?
- Does our community have programs and services that our clients can use?
  - Will all clients meet the referral criteria?
  - Is there any flexibility to meet varying client needs such as mobility issues, dietary needs and type of accommodation?
  - How long does it take for clients to receive items?
  - Can the items be picked up by program staff, or does the client need to be present?
  - Is it possible to guarantee availability?
- Will the program have to purchase items for our clients?
  - Do we want to increase client investment in the housing process by having the clients choose their own items?
  - Do we want to minimize spending and maximize staff time by prepurchasing items in bulk?

EXAMPLES OF FURNITURE AND SUPPORT PROVISION

Parksville, British Columbia

The largest second hand store on Vancouver Island provides resources to clients of the society of Organized Services (SOS) and raising funds for the many supports offered by SOS.

Edmonton, Alberta

FIND is a furniture market that is free for clients of Homeward Trust and acts as a social enterprise selling to the public and investing the profits in programs andservices.

Lethbridge, Alberta

In order to support those transitioning out of homelessness, the City of Lethbridge has created a furniture bank dedicated to Housing First clients.

Toronto, Ontario

The streets to Homes Program has a longstanding relationship with a furniture bank in order to provide clients exiting homelessness with furniture and necessities.

5 | ENDING HOMELESSNESS

In keeping with the paradigm shift from managing homelessness to ending homelessness, many programs are now offering permanent supported housing in the form of Housing First. This means that clients can receive services for as long as they need. Despite the availability of permanent supports, some clients can and will graduate from intensive case management programs.

GRADUATION

Graduation should be directed by objective indicators of readiness, in addition to being client-directed. Criteria for graduation should be discussed early in the client–case manager relationship.

To ensure that a graduation is "successful," the client must have progressed to the point where presenting issues and concerns (such as substance use disorders, mental health issues or behavioural concerns) will no longer cause the client to revert to homelessness.

An intensive case manager confirms that a graduating client has a home with affordable rent and a rent subsidy if required, is connected with all necessary medical and psychiatric care, and is connected with any additional support services that may be required.

Graduating from a Housing First program is a major success for a client and should be celebrated.

DISCHARGE

Some Housing First programs will use the terms "planned discharge" and "graduation" interchangeably, and program reporting often considers only "planned discharge" and "unplanned discharge" when recording client exits.

Planned discharge:

- When the client has graduated to full independence or when the client leaves the program for a "positive destination" that does not involve independence from supportive programming.
  - Where the client's needs have changed and they move from the original program to another program that provides either a higher or lower level of support. For example, it may be a client who has developed serious health issues and is more appropriately served in a long-term care home or hospice, a client who has attained long-term sobriety and chooses to move to an abstinence-based program, or a client who has had a child and is moved to a family program.
  - When a client who requires transition to subsidized housing without supports to maintain independence after leaving the program.

- Some programs maintain a strict policy surrounding the process of planned discharge:
  - Intensive case managers must make sure the client can maintain stability without program services.
  - Intensive case managers must connect the client with other community services and resources as appropriate, and arrange for the timely transfer of information across settings.
  - Intensive case managers and the client must review the client's service plan to confirm that the client's goals have been met.
  - The evidence-based tool used at intake is completed with the client to assess their progress and confirm readiness for independent living.
  - The client must be made aware of how to access services again in the future.

Unplanned discharge:

- When the client leaves the program without meeting their goals, or when the program cannot meet the client's needs.

  Unplanned discharge could include the long-term incarceration of a client, an abrupt move or a client's decision to disengage from the program because of an issue or conflict that the client believes cannot be resolved.
- Should an unplanned discharge occur, a return to homelessness or shelter should be seen as the last resort and all reasonable alternatives should be explored.
- Loss of contact or decline in engagement with a client should be viewed as an opportunity to use assertive outreach and individualized assertive engagement strategies, not as a reason for discharge.

  Intensive case managers must take all reasonable actions to locate and re-establish contact with a client. This may include conducting outreach visits to homeless shelters and drop-in centres, and checking hospitals, correctional facilities or places that the client has been known to frequent.
- In the event of an unplanned discharge, the intensive case manager must:
  - refer the client to at least three appropriate programs, with a focus on housing stability. If this is not possible, the circumstances must be well documented, including steps taken by the intensive case manager to facilitate the referral process. Should the client choose to refuse these programs, the program may then discharge the client.
  - work to make sure an emergency shelter is not the exit destination, unless there are no reasonable alternatives available.
  - transfer appropriate client information to a new service provider, with the client's consent.
  - provide contact information should the client wish to come back to the program.
  - provide the client with program grievance and appeals procedures.

CONCLUSION

This toolkit serves as a guide to providing intensive case management in the context of a Housing First program. Providing Housing First intensive case management to high acuity clients is a complex process. Each agency, area and client population has its own unique strengths and challenges, and each program will need to be flexible, innovative and responsive. Housing First intensive case management is a constantly changing process, with ongoing learning at every stage. This important work provides vulnerable individuals with housing, support, dignity and safety, and will empower them to live the best life possible and reach their inherent potential.

REFERENCES

Aubry, T., Bell, M., Ecker, J. & Goering, P. (2015). Canadian Observatory on Homelessness; Mental Health Commission of Canada Screening for Housing First: Phase One of the Assessment Road Map: Table of Screening Tools. http://homelesshub.ca/resource/screening-housing-first-phase-one-assessment-road-map

Calgary Homeless Foundation. (2011). *Standards of Practice: Case Management for Ending Homelessness.* Edmonton: Canadian Accreditation Council of Human Services. http://www.homelesshub.ca/sites/default/files/CHF%20Case%20Management%20Accreditation%20Manual.pdf

Employment and Social Development Canada. (2017). *See Yourself as a Partner: Guide to Community Partnership Development,* Gatineau. https://www.canada.ca/en/employment-social-development/programs/communities/homelessness/publications-bulletins/guide-community-partnership.html

Employment and Social Development Canada.(2017). *The Landlord Engagement Toolkit : A Guide to Working with Landlords in Housing First Programs,* Gatineau. https://workspaceonhomelessness.ca/hps/resources/hps__spli/hps_english/landlord_engagement_toolkit

Kooistra, A. (2017). *Canadian Observatory on Homelessness.* Launching the Canadian Version of the Vulnerability Assessment Tool (VAT) Manual. http://homelesshub.ca/blog/launching-canadian-version-vulnerability-assessment-tool-vat-manual

Gaetz, S., Scott, F., & Gulliver, T. (2013). *Housing First in Canada: Supporting Communities to End Homelessness.* Toronto: Canadian Homelessness Research Network Press.

Gardner, T., Ochoa, J., Alspaugh, M. & Mathews, N. (2010). Centralized Intake for Helping People Experiencing Homelessness: Overview, Community Profiles, and Resources. https://www.hudexchange.info/resources/documents/HPRP_CentralizedIntake.pdf

Mayan, D. (2014). Landlord Relations in Housing First Programs. (K. Poffenroth, Interviewer). Calgary, Alberta, Canada.

Mental Health Commission of Canada. (2014). *National Final Report: Cross-Site At Home/Chez Soi Project.* http://www.mentalhealthcommission.ca/sites/default/files/mhcc_at_home_report_national_cross-site_eng_2_0.pdf

National Alliance to End Homelessness (2013). Coordinated Assessment Toolkit. http://www.endhomelessness.org/library/entry/coordinated-assessment-toolkit

National Case Management Network (2009). Canadian Standards of Practice for Case Management. http://www.ncmn.ca/resources/documents/english%20standards%20for%20web.pdf

Ontario Ministry of Health and Long-Term Care (2005). Intensive Case Management Service Standards for Mental Health Services and Supports. Ontario Legislative Library eArchive. http://www.ontla.on.ca/library/repository/mon/10000/252444.pdf

Poffenroth, K., & Fortune, S. (2014). *Intensive Case Management Toolkit: A Guide to Creating and Sustaining an Intensive Case Management Program Utilizing the Housing First Model.* Calgary, Alberta, Canada: The Alex Community Health Centre.

Scott, E., & Gaetz, S. (2013). *Lethbridge, Alberta: City of Lethbridge & Social Housing in Action.* Lethbridge, Alberta: The Homeless Hub. http://homelesshub.ca/resource/35-lethbridge-alberta-city-lethbridge-social-housing-action

Scott, E., & Gaetz, S. (2013). *Nikihk Housing First/Homeward Trust.* Edmonton, Alberta: The Homeless Hub.

Scott, E (2013). Hamilton, Ontario: Transition to Homes. Hamilton.

Tsemberis, S. (2010). *Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction.* Center City, Minnesota: Hazelden.

University of Kansas School of Social Welfare (2007). Strengths Case Management Fidelity Scale. https://mentalhealth.socwel.ku.edu/sites/mentalhealthsocwel.drupal.ku.edu/files/docs/Strengths%20Fidelity%20Scale%20Protocols.pdf

ANNEX A
LIST OF ASSESSMENT TOOLS

Vulnerability Assessment Tool (VAT)

The VAT assesses a person's vulnerability level in ten domains: survival skills, basic needs, indicated mortality risks, medical risks, organization/orientation, mental health, substance use, communication, social behaviours and homelessness. The VAT was recommended by a task force convened by the Canadian Observatory on Homelessness and the Mental Health Commission of Canada. The Canadian Observatory on Homelessness has released a training manual for using the tool that is specific to the Canadian context.

Service Prioritization Decision Assistance Tool (SPDAT) and Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT)

The SPDAT is a multipurpose tool that is widely used in the homelessness and housing sector in Canada and the United States. The VI-SPDAT is a version of the tool that was developed specifically as a triage tool to quickly assess client needs and match clients with appropriate services. Questions focus on homelessness criteria, physical health, substance use, service use (health, legal), victimization, risk behaviours, income, social support, mental health and trauma.

Multnomah Community Ability Scale (MCAS)

This assessment tool was created to meet a demonstrated need for service providers to assess client functionality in a way that was qualitative, broad and applicable to clients' ability to function in a community setting. It helps assess how well people with psychiatric disabilities function in four life domains: health, adaptation, social skills and behaviour. The MCAS is useful in evaluating programs, planning service delivery and monitoring clients' improvement in symptoms and functioning.

The Comorbid Conditions List (CMC)

This tool assesses a client's physical health by providing a count of conditions that is used as a rough measure of health status. This information helps identify client vulnerabilities and areas where supports are needed, and provides a determinant of client acuity. It helps intensive case managers understand clients' health situations so they can provide the best support possible. The CMC also allows programs to track changes in client health over time.

Global Appraisal of Individual Need Short Screener (GAIN-SS)

The GAIN-SS is used to quickly identify individuals who have a disorder and to triage the intervention they may need under four domains: internalizing disorders, externalizing disorders, substance disorders and crime/violence.

EQ-5D

This tool generates a single index value for health status. The EQ-5D assesses five specific areas of health: mobility, self-care, usual activities, pain/discomfort and anxiety/depression. The EQ-5D also includes a qualitative measure of overall state of health. The EQ-5D takes only a few minutes to complete and allows the intensive case manager to determine the level of support their client may require to maintain their health and independence once placed in housing. The qualitative portion of this assessment also gives the intensive case manager some insight into how the client views their health and indicates how well the client copes with their medical concerns.

Quality of life index interview (QOLI)

The QOLI is designed to evaluate both the subjective and objective components of the client's quality of life.

Colorado Symptom Index (CSI)

This index was created in response to growing concerns about the inadequacy of the existing community treatment system for individuals living with serious mental illness. The CSI measures an individual's psychopathology by assessing the frequency of their experienced symptoms (including psychotic symptoms) in the month prior to the date of assessment. It is an excellent way to establish a client's baseline, identify areas of change and track client progress over time.

Outcomes Star

This is a set of tools that allows service providers to support and measure change in their clients. There are 20 versions of Outcomes Star that have been created to best support specialized populations such as individuals working toward recovery from substance abuse, individuals living with mental illness and individuals who have a visual impairment. No training is required to use the Homelessness Star, which covers ten key outcome areas:

- Motivation and taking responsibility
- Self-care and living skills
- Managing money and personal administration
- Social networks and relationships
- Drug and alcohol misuse
- Physical health
- Emotional and mental health
- Meaningful use of time
- Managing tenancy and accommodation
- Offending

ANNEX B
EXAMPLES OF JOB DESCRIPTIONS

PROGRAM MANAGERS

The program manager is responsible for implementing, managing, supervising and evaluating the program, and providing ongoing support to individuals exiting homelessness as they obtain and maintain permanent housing. As a member of the senior management team, the program manager makes sure the program goals and objectives align with agency goals and objectives. The program manager is responsible for the program's operational success.

MAJOR RESPONSIBILITIES

- Provides positive leadership to staff by encouraging a team approach and modelling a professional attitude
- All facets of service delivery including planning, budgeting, implementation and evaluation
- Ensures the consistent and meaningful evaluation of the program to demonstrate impact and effectiveness
- Monitors program trends to confirm that service delivery meets client needs, and makes program changes as appropriate
- Ensures that all clients receive quality service on a consistent basis and the program meets the intensive case management service standards
- Ensures that all program employees have the tools and skills they need to provide the highest level of care to clients
- Works to build positive community partnerships that will benefit the program and clients
- Develops the program budget in cooperation with the executive director, and monitors and ensures accountability in all aspects of the budget
- Works with human resources to recruit and retain high-quality staff members
- Ensures that the program meets or exceeds funder-driven outcomes
- Represents the program at internal and external meetings
- Writes and submits proposals and reports as required
- Represents the program and the agency in a professional manner
- Adheres to standards set out in the program's policy and procedures manual

Knowledge, skills and abilities requirements

- Bachelor's degree in a related field
- Experience working with marginalized populations
- Two to three years of supervision experience
- Superior interpersonal skills
- Solid understanding of Housing First and harm reduction principles
- Excellent oral and written communication skills
- Excellent time management skills

TEAM LEAD

The team lead will lead the team on a daily basis to provide ongoing support to individuals exiting homelessness as they obtain and maintain permanent housing. The team lead will make sure the team works effectively and delivers high-quality service to clients.

Major responsibilities

- Ensures that responsibilities and workload are distributed equally among team members
- Oversees day-to-day implementation of evidence-based practice
- Makes sure the team adheres to the standards set out in the program's policy and procedures manual
- Leads the team
- Facilitates team meetings and uses a participatory group process
- Makes sure information is properly documented, audits files and database
- Organizes ongoing training for team members
- Provides direct support to each team member as required
- Monitors all outcomes
- Confirms that the team is providing high-quality service to clients
- Helps create a positive work culture and team spirit
- Keeps up to date on relevant accreditation standards of practice
- Liaises with other service providers to provide highquality service to clients
- Makes sure all information is properly collected and stored
- Manages intakes and referrals
- Communicates regularly with the program manager
- Represents the program and the agency in the community in a professional manner

Knowledge, skills and abilities requirements

- Bachelor's or Master's degree in social work or a related field
- Significant experience working with at-risk clients
- Strong leadership skills and some supervision experience
- Valid driver's license and eligible to drive X vehicle
- Superior interpersonal skills
- Self-motivated and able to work with minimal supervision
- Solid understanding of Housing First and harm reduction principles
- Able to work well under pressure and with competing priorities
- Superior time management skills

ASSISTANT TEAM LEAD

The assistant team lead will provide support to the team lead and ongoing support to individuals exiting homelessness as they obtain and maintain permanent housing. These two employees make sure the team works effectively and delivers high-quality service to clients.

Major responsibilities

- Works closely with and supports the team lead to make sure the team works effectively
- Provides leadership to the team
- Makes sure the team adheres to the standards set out in the policy manual and standards of practice
- Confirms that the team is providing high-quality service to clients
- Helps create a positive work culture and team spirit
- Provides direct service to clients and maintains their own reduced caseload
- Provides field supervision to intensive case managers and conducts regular file and assessment audits
- Delivers training to intensive case managers
- Makes sure responsibilities and workload are distributed equally among team members
- Maintains client confidentiality and clear boundaries

Knowledge, skills and abilities requirements

- Degree in social work or other related health field
- At least two years of experience working in a team environment
- Excellent leadership, interpersonal, communication and writing skills
- Patience, creativity, flexibility, compassion and sensitivity to individuals who have been chronically homeless and are struggling with multiple barriers
- Community outreach experience
- Valid driver's licence and access to a vehicle
- Knowledge of Housing First and intensive case management standards of practice
- Experience in the intensive case manager role (ideal)

INTENSIVE CASE MANAGER

The intensive case manager will provide ongoing support to individuals exiting homelessness as they obtain and maintain permanent housing. Working within the intensive case management model they will support their clients in creating a personalized plan and goals. Intensive case managers will then meet regularly with their clients and provide the necessary support to help their clients achieve the goals they set.

Major responsibilities

- Develops, with the client, a recovery plan that is strength-based and grounded in the principles of Housing First and harm reduction, and monitors clients' progress in achieving their goals
- Maintains working knowledge of relevant community resources and supports, and makes referrals and connections for clients as needed
- Maintains relevant, timely and accurate documentation
- Completes program-selected assessments in a timely and accurate manner
- Attends all team meetings
- Advocates for clients
- Ensures timely communication with all service agencies that serve clients, including landlords
- Connects clients with community resources and supports as required
- Responds to all client crises
- Supports client community engagement
- Attends appointments with clients and provides supported referrals as required
- Maintains client confidentiality and clear boundaries
- Represents the program and the agency in the community in a professional manner
- Adheres to the standards set out in the program's policy and procedures manual
- Works with all team members to achieve excellent service and outcomes

Knowledge, skills and abilities requirements

- Bachelor's degree in social work or a related field (preferred)
- Experience working with atrisk clients
- Solid understanding of Housing First and harm reduction principles
- Able to work effectively as part of a team
- Valid driver's license and eligible to drive X vehicle
- Superior interpersonal, communication and documentation skills
- Self-motivated and able to work with minimal supervision
- Excellent time management skills

HOUSING AND OPERATIONS LEAD

The housing and operations lead will lead the housing team on a daily basis in supporting individuals exiting homelessness to obtain and maintain permanent housing and will make sure the team works effectively and delivers high-quality service to clients.

The scope of work and responsibilities include, but are not limited to, the following:

- Oversees the housing department, which includes liaising with landlords to secure and maintain client housing
- Supervises the housing support worker(s)
- Manages the organization's van fleet, ensuring regular care and maintenance of the vehicles
- Oversees facility maintenance on site
- Maintains strong relationships with landlords and property managers
- Adheres to standards set out in the program's policy and procedures manual
- Provides ongoing support to the landlord–tenant relationship

Qualifications

- Proven experience in program management and administration, including financial and operational requirements
- Proven problem solving, communication and interpersonal skills
- Strategic thinker and team player
- Level of knowledge and understanding in each of the following: property management practices related to housing, asset management, conflict resolution, negotiation skills, financial management skills
- Familiarity with the *Residential Tenancy Act* (asset)
- Physically fit
- Able to lift and move heavy items
- Valid driver's license and eligible to drive X vehicle
- Able to drive a cube or cargo van

HOUSING AND SUPPORT WORKER

The housing support worker supports men and women who are working to permanently end their homelessness. The worker's primary responsibility is to assist clients, landlords and team members under the direction of the housing and operations lead.

Major responsibilities

- Maintains strong relationships with landlords and property managers
- Helps clients view potential housing and complete applications when required
- Takes photos of suites at move in and move out
- Makes sure suites are left in good condition when a client moves out
- Helps clients get items they need when they first move into housing
- Discusses concerns about a client's housing with intensive case managers
- Attends team meetings
- Maintains client confidentiality and clear boundaries
- Represents the program and the agency in the community in a professional manner
- Adheres to standards set out in the program's policy and procedures manual
- Monitors items in storage space to keep only what is needed, and makes sure items are distributed to clients efficiently

Knowledge, skills and abilities requirements

- Self-motivated and able to work with minimal supervision
- Excellent time management skills
- Understanding of Housing First and harm reduction principles
- At least a high school education
- Good fit to work with vulnerable clients and clients in crisis
- Valid driver's license and eligible to drive X vehicle
- Fit for physical labour, including lifting, carrying and moving
- Familiar with cleaning tasks and small home repairs (asset)

PROGRAM ASSISTANT

The role of the program assistant is to complete administrative tasks in a program providing ongoing support to individuals exiting homelessness as they obtain and maintain permanent housing. The program assistant must work well as part of a team and contribute to positive team and agency culture.

Major responsibilities

- Acts as first point of contact for clients and community members contacting the program
- Creates and maintains files
- Provides general administrative support in the office, including faxing, photocopying, filing and typing
- Tracks finances and checks records
- Prepares expense reports and coordinates invoices with finance and administration staff
- Orders and inventories office supplies and equipment
- Attends all team meetings
- Coordinates purchasing and inventory of items such as bus tickets, food vouchers, etc.
- Coordinates meeting details such as room bookings, catering, etc.
- Reviews and sorts all incoming mail
- Maintains client confidentiality and clear boundaries
- Represents the program and the agency in the community in a professional manner
- Adheres to standards set out in the program's policy and procedures manual

Knowledge, skills and abilities requirements

- At least a high school education

Related work experience

- Able to work well as part of a team
- Superior documentation skills
- Excellent interpersonal and communication skills
- Excellent time management skills
- Excellent computer skills
- Good understanding of Housing First and harm reduction principles